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Sixteenth Annual Report
of the Allentown State Hospital (Homeopathic
State Hospital) to the Homeopathic Medical
Society of the State of Pennsylvania
September 25, 1928

BY

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SIXTEENTH ANNUAL REPORT

OF THE ALLENTOWN STATE HOSPITAL (HOMEOPATHIC STATE
HOSPITAL) TO THE HOMEOPATHIC MEDICAL
SOCIETY OF THE STATE OF PENNSYLVANIA
SEPTEMBER 25, 1928

HENRY I. KLOPP, M.D., F.A.C.P., *Superintendent*

THE Sixteenth Annual Report of the Allentown State Hospital (Homeopathic State Hospital) to the Homeopathic Medical Society of the State of Pennsylvania, statistically covering the period from June 1, 1927 to May 31, 1928, is hereby respectfully submitted.

A *Study of the Psychiatric Division* of the hospital will be the subject which will be emphasized in this report:

- i. General.
 - a. Its Development.
 - b. Assignment of Patients to the Unit.
 - c. Its Function.
 - d. Treatment.
2. Organization in Relation to Psychiatric Division.
 - a. Growth
 - b. Study of Two-Years' Admission.
 - c. Juvenile Cases.
 - d. Auxiliary Activities.
3. Movement of Population.
4. Homeopathic Remedies.

The havoc wrought by mental disease is not generally realized by the medical profession. The gradual increase in the number of mentally ill which we must anticipate in State mental hospitals in Pennsylvania each year, based upon the average of five years, is 843. The cost in human suffering, as well as in dollars and cents, has reached appalling proportions. Not only does the provision for capital improvements for housing these unfortunate people constitute a heavy drain on the State's revenues, but the cost of maintenance is also a rapidly mounting item. It, therefore, behooves us to do everything possible to restore every mental patient, or bring about an im-

provement in as many cases as possible, so as to return them to civil life, thus lessening the increasing burden upon the taxpayers..

Psychiatry is the "Art of Curing Mental Diseases." It was upon this basis that the Psychiatric Division of the Allentown State Hospital was established for observation, study and treatment of borderline, and particularly early cases of mental disease—including special cases referred by the courts and social agencies, whatever their type may be. The unit was designed to give the same kind of medical and nursing care to mental patients as can be given in a general hospital to individuals suffering from various kinds of physical illness. It is our endeavor with a limited income to give those who are likely to recover individual treatment, and, if possible, shorten the time of hospital residence. The surroundings and facilities for treatment which includes rest in bed, fresh-air porches, continuous-flowing neutral baths, hydrotherapy, physiotherapy, occupational therapy, physical and musical education, give an element of hope and confidence. This is the starting point in favor of recovery of this class of patients. Underlying all this, the patient is treated medically as an individual, this including the prescribing of the single indicated homeopathic remedy. Upon this basis, treatment is outlined and nursing care given. In addition to this, the discipline and routine of the hospital is of importance in enabling the mental patient to develop mental poise. Many of the activities of this unit co-ordinate with those of the prolonged services and in part are dependent upon them.

The *assignment of patients* to the psychiatric division is made entirely upon the history of the case, the duration and character of mental symptoms. If the history is meagre and the case presents an uncertain picture, the patient is given the benefit of every doubt and admitted to this unit irrespective of age. Those who, without a question of doubt, are suffering from general paresis, senile, arteriosclerotic, or epileptic psychosis, and other diseases of known unfavorable prognosis, are admitted to the admission ward of the prolonged service. However, here in like manner they are given individual consideration and their treatment outlined accordingly. There is no hard-and-fast rule applied in the assignment of new admis-

sions. This has been the method followed since its organization.

The Psychiatric Division performs an important *function* in providing treatment to a large number of patients admitted to the hospital who can either be helped within a reasonably short time or can be sufficiently improved and readjusted to enable them to remain out of the hospital. It, therefore, serves a very important function to diminish the burden of the already overcrowded mental hospital. At Allentown the latter applies more particularly to our women's service.

A person with early mental disease, whether juvenile or adult, who cannot be restored, or is not improved, may remain a continuing expense approximating \$7.00 per week to the State for a possible period of thirty or more years. This per capita is for maintenance only, which includes food, bedding, clothing, medical and nursing care, and all that pertains to the operation of the hospital.

This division is the center of concentration for *treatment* and medical progress in psychiatry, which is not limited to the so-called "curable" types of mental illness. Much can also be learned from and accomplished in the treatment of the "prolonged" types of cases. It had its conception with the opening of the first building in October, 1916, and more particularly when the second was added on November 20, 1924, thus making provision for both sexes. The capacity of the two buildings is 155 beds. In July, 1925, upon the reorganization of the medical staff, two physicians—a senior and an assistant (man and woman), were placed in charge under the assistant superintendent who is also clinical director. The fiscal year, ending May 31, 1928, was the termination of the first biennium since the service as a whole was inaugurated. Within this period of two years there was admitted to the hospital a total of 1005 patients; of this number 610—352 men and 258 women—were sent to the psychiatric unit, and 395 to the prolonged men's and women's services, making the proportion greater than three to two.

On June 1, 1926, there remained under treatment in this service 131 patients; adding to this number the 610 admitted, there was a total of 741 cases under treatment within the two-year period. Of the 610 admitted— ,

56 were discharged as recovered.
32 were discharged as improved.
6 were discharged as unimproved.
25 were discharged as without psychosis.
19 were transferred to other hospitals or deported.
145 were transferred to the prolonged services.
31 died.
152 are absent on furlough.
144 continued under treatment June 1, 1928.

610 total.

The foregoing analysis of the 610 patients admitted within a two-year period does not give a correct interpretation of the results of the unit. This is explained by the fact that the condition of the 152 cases absent on "furlough" will not be recorded until their discharge from the hospital records—at the end of one year's supervision under our Social Service Department, as provided for in the 1923 Mental Health Act. In like manner the 145 patients transferred from the psychiatric unit to the "prolonged" services of the hospital; 45 improved to such a degree that their removal from the hospital was granted. These were transferred due to the duration of the mental illness and to relieve crowding, other cases due to patient being a disturbing factor and having an unfavorable reaction upon other cases, retarding their recovery.

A little conception can be obtained of the hospital record by studying the hospital's "discharge" percentage as a whole. This has increased in the past four years from 34 per cent to 56 per cent. The most marked change is the increase in the percentage of those recorded as "restored," rising from 10 per cent in 1925 to 22 per cent in 1928—these being figured on the admissions plus readmissions. This may be explained by our being regarded as ultra-conservative in the past in regard to recording patients as "recovered." The percentage of these will fluctuate in accordance with the number of manic-depressive cases discharged and in accordance with the number of admissions of this type of cases. Those recorded as "improved" also increased within the period of four years from 15 per cent to 22 per cent. Unless we are able to obtain definite data which justifies our recording otherwise or if in doubt in the final an-

alysis, they are placed in the "improved" group; this applies especially to the schizophrenic (dementia praecox) cases. The foregoing report suggests that the psychiatric division is a factor in our results and that the establishment of same as a distinct unit of the hospital has been fully justified.

Our statistics of the schizophrenic psychoses, taken as a whole, omitting its various phases, are interesting, as they present a more favorable outlook than has been generally accepted in the past. It is true that many of the patients sent to this division were selected cases for their early inception. Seventy (70) men and fifty (50) women, a total of 120, were diagnosed as belonging to this group. Of these 20 men and 12 women, an average of 33 per cent, were granted permission to leave the hospital on "furlough." Their condition varied from "improved" to "unimproved." Were it not for our ultra-conservatism some of the former could have been entered as "restored."

The *admission of juvenile cases* continues an interesting and active factor in this unit. Within the biennium ended May 31, 1928, 43 boys and 32 girls, a total of 75 patients under sixteen years of age, were admitted to the hospital. Thirty-seven (37) of this number were committed by Juvenile Courts, for observation, diagnosis and treatment, as provided for by Section No. 307 of the 1923 Mental Health Act; 36 were admitted upon the certificates of two physicians under Section No. 302 of said Act. Of the 75 admitted—

- 9 were diagnosed encephalitis.
- 6 were diagnosed dementia praecox.
- 4 were diagnosed epilepsy with psychosis.
- 3 were diagnosed psychopathic personality with psychosis.
- 8 were diagnosed mental deficiency with psychosis.
- 18 were diagnosed mental deficiency without psychosis.
- 11 were diagnosed psychopathic personality without psychosis.
- 16 were diagnosed other diagnostic groups not mentioned, including "unclassified."

—
75

The younger boys from the courts are usually sent to us on account of truancy and petty thieving, the older boys for

larceny, especially of automobiles. With the girls, in addition to truancy and thieving, there frequently are sex problems—this applies more particularly to those without psychosis. In many of both the boys and girls there is a bad environmental factor.

In our *School Department*, on account of the variety of ages and intelligence quotient, individual instruction has been the best method of teaching this particular group of problem children. Working with groups may be carried out in some subjects such as nature-study, penmanship, drawing, music and gymnasium work. The most important subjects, reading, arithmetic, spelling and English, are taught every day, the others at least twice a week, due to only three hours being given to each class, and it has not been possible to teach all subjects daily. Thus far the one in charge of the schools has not considered it wise to adhere to any set schedule or fixed daily program. With these types of children there must be changes to suit their moods and to hold interest and attention. Punishment in most cases does more harm than good; kindness and understanding, balanced with kindly discipline and orderliness, help a great deal more in handling these problem children.

The total number of pupils enrolled in the schools within the biennium ended May 31, 1928, was 76—47 boys and 29 girls. The chronological ages ranged from 6 to 16 years; mental ages from 3 years 6 months to 13 years 8 months; intelligence quotient from 40 to 116.

Some of the juveniles have been improved under hospital care, treatment and guidance, to such an extent that they have been returned to civil life and have made a good adjustment under the supervision of the Social Service Department. The difficulties which arise in their adjustment are numerous and require the greatest tact and patience. The family background, and above all, environment in a large percentage of cases is unfavorable, and this requires the arousing of interest in the parents and careful adjustment before the patient is released on trial furlough.

Reference has been made to various facilities for treatment. The hospital has as a part of its treatment program various "*auxiliary activities*."

The *Music Department* was reorganized in January,

1927, and placed in charge of an experienced and competent director, since which time there has been definite and satisfactory progress.

Music in the Allentown State Hospital is not classed as a therapy, but a diversion; nevertheless, it has a certain amount of therapeutic value. Instances can be cited where patients have been helped directly or indirectly by music. A "Patients' Choral Class" was organized, consisting of thirty members. They made their first public appearance in a concert of negro spirituals on April 6, 1927, following which they also gave a radio concert in Allentown. Nine (9) of this number are on furlough. Music alone is not responsible for this condition, but it was an aid in making it possible. The same may be said in regard to plays and pageants given by the patients at the Christmas season and at other times.

The past two years out-door pageants have been staged for the benefit of the patient audiences and were repeated for the benefit of the public. The systematic training and appearance before the public gives the patient self-control and poise. Patients often come to the music room in a depressed or disturbed state of mind; for these music has a beneficial effect, the depression disappears or the disturbed patient becomes quiet, and eventually joins in the singing or playing with manifest interest. The same applies in the ward group singing; generally the most disturbed patients become quiet and listen or take part in the singing. One morning each week a trained mixed quartet visits the bed patients who look forward to their coming. Some of these patients ask for books and join in the singing while a majority request their favorite selections. It has been of interest to note that "jazz" is seldom requested, the patients preferring a higher type of music.

The Occupational Therapy and Physical Education Departments are important adjuncts to the Musical Department in the presentation of pageants and plays. The latter has a definite part in the programs by giving folk dances, drills and marches; the former, in the preparation of properties and costumes which are made by the patients.

The work of the *Occupational Therapy Department* likewise has both a therapeutic and a diversional value. It aims to arouse the interest of the patient through the varied types

of work offered and not only aids in general rehabilitation, but keeps occupied those patients who remain in the hospital for an indefinite time. By so doing it also meets certain practical needs.

The Occupational Therapy Department has been devoting considerable time to the making and supplying of furnishings for the hospital day-halls and wards with window curtains, table covers, rugs, cushions, chair-back covers, magazine racks, pictures for the walls and new stage curtains for the auditorium stage. This department has also coordinated with the school department and the nurses' home, in furnishings.

The daily number of patients going to this department is 281. The staff consists of a director, six trained women therapists and six attendants—three men and three women. A total of 7737 articles were made within the year by the patients in this department. During the summer months an average of six hours a week is devoted to gardening, especially that of flowers. They also give "diversion parties" to various groups.

The *Physical Education Instructor* devotes attention to groups of patients who are apathetic, indifferent and those who are mentally retarded in all spheres, due to mental depression. The aim is to give the patient something to do so as to divert his mind through physical activities into healthy channels. This aids the morale, brings into play muscles which otherwise are not properly exercised. The circulation is improved through drills, marches, games, rhythmic movements, folk dances and coordinated exercises. The object is to develop body coordination, rhythm and grace. More enthusiasm is shown in "volley ball" than any other game—it is easy to play and brings into exercise all parts of the body and stimulates mental alertness. Special classes in "corrective exercises" are organized to benefit patients requiring that type of work.

Roentgen and Physiotherapy Activities.—Several members of the medical staff evidence some interest in physiotherapy and numerous radiant light and infra-red treatments are given at the bedside on the wards. In the roentgen laboratory within the hospital year, 459 diagnostic examinations were made; of these 143 were of the chest and 136 dental. The activities in the physiotherapy department continue of high

standard and therapeutic effectiveness. The following is a summary of the work:

Ultra-violet treatments	3346
High frequency	440
Morse wave	394
Phototherapy	112
Infra-red	65
Vibration	42
Roentgen ray treatments	96
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Total	4495

The *Pathological Laboratory* is an important factor in the treatment of our patients not only from a diagnostic standpoint but more particularly for the correct interpretation of symptoms manifested by patients. The type of work done consists of bacteriological examinations, blood chemistry and cultures, full differential examination and seriological tests, including cerebro-spinal fluid, gastric analysis, examination of milk, water and feces, routine urine analysis at time of admission—repeated as case demands as well as annual examinations. Schick tests are made, diphtheria and typhoid prophylaxis given, including smallpox vaccination. The past hospital year a total of 8685 examinations were made.

We are not unmindful of the importance of the need of attention to *dentistry* of our patients' teeth. A full-time oral hygienist is in our employ who gave 2033 prophylactic treatments within the year. The non-resident dentists—one each for the men's and women's service, took full care of necessary extractions, canal treatments, fillings, gold inlays, making and repairing plates, and treatment of gums and sensitive dentine.

The *Social Service Department*, through its director, renders an important service to the medical staff by the obtaining of anamnesis, the making of pre-furlough adjustments, special follow-up work, psychometric examinations, assisting in the obtaining of employment, and also in mental clinic activities. Visits to and on behalf of "furlough" patients include after-care visits to the homes, to employers, teachers and others with whom the patients come in contact; they are made to assist in the making of adjustments, this applies not only to the patients but of equal importance to the family relationship. Visits are

also made on behalf of community preventive cases. This includes work done for "out-patients" reporting at the mental clinics and for patients "discharged" from the hospital, the latter more particularly to prevent readmissions or commitment.

Movement of Population.—We began the year June 1, 1927, with a total of 1324 patients—670 men and 654 women; we had 312 on furlough—164 men and 148 women, making a total on the books of 1636—834 men and 802 women.

Within the hospital year there were admitted 483 cases—283 men and 200 women. Of this number 422 were first admissions—252 men and 170 women; readmissions 53—29 men and 24 women; received by transfer 8—2 men and 6 women. There was, therefore, a total of 2119—1117 men and 1002 women, under treatment for the year.

Of the admissions, 31 were "voluntary"—14 men and 17 women. The daily average in the institution was 1334.09—672.09 men and 662 women. The average number on furlough was 339.14, which was 20 per cent of the number on the books and 25.4 per cent of the total in the hospital—this again being an increase, the percentages for the previous year being 18 and 22 respectively.

Since the opening of the hospital, October 3, 1912, there has been admitted a total of 6738 patients—3568 men and 3170 women. Of this number 480 or 7 per cent had a previous residence in the Allentown State Hospital.

It may be of interest to note the increase of the percentages of the first admissions of the alcoholic psychoses. The figure for ten years, 1914 to 1923, was 5 per cent; 1925, 8 per cent; the past three years respectively, 18 per cent.

The grand total of the discharges was 448—253 men, 195 women. During the year ended May 31, 1928, we discharged as recovered a total of 106—43 men, 63 women; improved, 104—51 men, 53 women; unimproved 20—15 men, 5 women; without psychosis, 37—24 men, 13 women. There remained in the hospital on said date 1319—654 men, 665 women; absent on "furlough" 352—210 men, 142 women. Total carried on the books, 1671—864 men, 807 women.

The record as regards deaths shows a favorable condition. During the first year of the biennium ended May 31, 1928, we had 129 deaths, the second year 115, this being the lowest

figure for many years. Deaths amounted to 24 per cent of the total admissions, 8 per cent daily average population and 5 per cent of the total treated during the year. In regard to the causes of deaths, the largest group was circulatory disorders making up 46 deaths, 32 being arteriosclerotic, 13 endocarditis and myocarditis. Next as regards number is diseases of the nervous system, a total of 33 deaths, 17 of which were due to general paralysis; next was the group of epidemic, endemic and infectious diseases, numbering 16, 12 of which were tuberculosis; non-tubercular respiratory diseases account for 11 deaths. Twenty-two per cent of the deaths were in the hospital one month and an additional 11 per cent were under treatment from one to three months. The average age at death was 54 years for the men and 55 years for the women; 19 were between the ages of 60 and 69; 24 of the deaths were above 70, and 36, or 31 per cent of the deaths were above the age of 65.

Last, but not least, in our medical armamentarium is the prescribing of the single homeopathic remedy in the treatment of the mentally ill, which includes all the ills that human flesh is heir to.

The total number of different single homeopathic remedies prescribed during the hospital year which ended May 31, 1928, was 152. Of these, 3033 prescriptions were made.

The *potencies* prescribed in their order and frequencies were as follows:

1. Third Decimal	1929
2. First Decimal	413
3. Sixth Decimal	312
4. Second Decimal	198
5. Thirtieth Decimal	114
6. Twelfth Decimal	64
7. 200th Decimal	3

Of the 152 *remedies*, the drugs prescribed most frequently in the order of their frequency were the following:

1. Bryonia	341 times
2. Nux Vomica	258 "
3. Belladonna	250 "
4. Gelsemium	231 "
5. Rhus Tox	111 "
6. Causticum	106 "

7. Aconitum Nap.	76	"
8. Arsenicum Alb.	73	"
9. Arnica	72	"
10. Eupatorium Perf.	70	"
11. Drosera	64	"
12. Mercurius Sol.	57	"
13. Podophyllum	56	"
14. Chininum Ars.	49	"
15. Hepar Sulph.	47	"
16. Phosphorus	45	"
17. Allium Cepa	45	"
18. Crataegus	42	"
19. Colocynthis	38	"
20. Pulsatilla	37	"

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